



TENNESSEE DEPARTMENT OF SAFETY



APPLICATION FOR SPECIAL AMATEUR RADIO LICENSE PLATES

TITLE AND REGISTRATION DIVISION
TENNESSEE DEPT. OF SAFETY
44 VANTAGE WAY, SUITE 160
NASHVILLE, TENNESSEE 37243-8050

DEAR SIR:

I wish to make application for _____ (quantity) Special Amateur Radio License Plate(s).

_____ Auto _____ Motorcycle (Please indicate type of plate needed)

FEDERAL COMMUNICATION COMMISSION CALL SIGN _____

FCC OPERATOR PRIVILEGES _____

EFFECTIVE DATE _____ EXPIRATION DATE _____

NAME OF APPLICANT _____

PLEASE PRINT

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ TELEPHONE # (____) _____

I certify that I am the recipient of the F.C.C. Amateur Radio Operator License referred to above, **a copy of which is attached**, that I am a resident of the State of Tennessee and I have been issued a Tennessee Certificate of Title, or have applied for same, for the vehicle on which the special plate(s) herein requested will be registered.

SIGNED _____

APPLICANT

NOTE TO APPLICANT: DO NOT SEND ANY MONEY WITH THIS APPLICATION.